MHSOAC
MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

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Evaluation of San Joaquin County Community Services and Supports Three Year Expenditure Plan
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Initial Allocation $5.6 million

Overall the County developed a comprehensive community plan that engaged community stakeholders and partners. The County's efforts to reach ethnic and marginalized populations was effective because it worked with leaders in these groups and asked them to reach into the communities to gather information about mental health needs. Then, the County built its program with the different ethnic communities, developing Full Service Partnerships within community based organizations to better serve the community and move the system towards transformation. The County is to be commended for their commitment to outcomes, training and collaboration.

The County found early in the process that the two major obstacles to services were trust and stigma. The plan addressed those two issues repeatedly. The use of community partners, the respect and trust that grew throughout the planning process and continues today, enabled the community to come together in a very healthy way.

The County's development of a 24/7/365 community response team is commendable. Many counties have commented on the difficulty and expense of setting up and maintaining an effective response team. San Joaquin responded to the community who asked for such a service. This effort reflects a willingness to respond to community need.

Overall, the review team thought that San Joaquin County did an impressive job on its community planning process, with an emphasis on reaching hard to reach populations.

Consumer and Family Involvement

The County's long history of hiring consumer and family members served it well in the drafting of this plan. The fact that the County has a trusting relationship with consumers and family members, and the fact that the county's NAMI group has an office onsite in the San Joaquin behavioral health services, all contributed to a very consumer and family member driven plan. The plan included consumer friendly language, an excellent group involving family members and consumers, an integrated career ladder allowing a path from volunteer to mental health specialist, and a strong Power N Support group.

Good use of stipends to reduce barriers to participation. Food for participants in meetings that took place over the lunch hour or all day also encouraged participation. The county is to be commended for providing transportation and childcare to participants.

The Wellness Center was a large part of the county plan. The Center will be designed, organized and run by consumers. It will have a consumer-run and self-help program by outreaching to peers, mentoring peers, assisting peers develop independence, life skills and coping skills.

Fully Served, Underserved/Inappropriately Served, Un-served:

The committee thought that San Joaquin County explained efforts to make determinations as to the population it serves. The committee did not have any issues with this discussion.

Wellness/Recovery/Resilience:

There was evidence throughout the plan that San Joaquin County understands recovery models. The FSP's designed for children and youth had a very strong recovery focus. Additionally, there was an emphasis on meeting clients where they are, providing numerous access points, making services culturally competent, integrated, and appropriate.

There was good use of recovery coaches coupled with a great definition of resiliency. The committee commends the county on the use of "life coaches". Further, the discussion of wellness in the context of working with older adults was especially noteworthy.

Education and Training and Workforce Development

This plan identifies the need for more peer mentors, the need for more ethnically and racially diverse staff, and the need for more consumers and family members to be involved in the process. There was evidence of serious training and retraining efforts by the county in the plan. The county acknowledged the need for more training and retraining of staff on wellness and recovery models.

The County is to be commended for working so closely with community-based organizations to help with their cultural diversity objectives. The discussion on cross training was also very useful—it will be key to implementing this plan.

Collaboration

The County has an impressive list of collaborators—nine community-based organizations that represented a broad array of communities. The use of CBO's was a vital link to hard-to-reach communities. The County stated that over the course of the meetings, trust and cooperation grew. Certainly, the contracts with community-based organizations will formalize the collaboration with those groups. Additionally, the plan had evidence of collaboration with both faith-based organizations and housing groups. These relationships will serve consumers and families well.

FSP's will improve access for unserved ethnic populations by partnering with ethnic service organizations, primary care providers and deploying services to specific neighborhoods.

Cultural competency

The County demonstrates an understanding of working with complex cultural issues in Latino communities. The creation of the consortium to reduce disparities should be an effective strategy. The emphasis on hiring, training and retaining a diverse staff was reflective of the importance of this. The continued emphasis on training and retraining will also help with cultural competency. The County had strong outreach programs to different communities, especially the GLBT community.

Programs with statewide significance

Programs: FSPs

Children and Youth Full Service Partnership

This FSP will serve 60 seriously emotionally disturbed children/youth and their families entering the child welfare/foster care system or entering the juvenile justice system on probation formally or informally. This front door response will begin to address the unserved or underserved SED children and youth entering the system. The program is designed so that there is "no wrong door" to enter this program. The FSP will commit to a "whatever it takes" philosophy of services. The children and their families will select members for the Child and Family Team (CFT). The wellness and recovery focus will be introduced through, and aided by, the CFT.

The review committee was pleased that the FSP would measure its success by collecting data on school attendance, recidivism with law enforcement, re-hospitalization, and participation with mental health services. The plan proposed to use parent partners and

peer-to-peer mentors which is a good employment opportunity for consumers and family members. The FSP had a good recovery focus. There was good evidence of collaboration.

Black Awareness Community Outreach Program Full Service Partnership BACOP

The Black Awareness Community Outreach Program FSP is designed to be a system-side service with African American clinical and para-professional staff within the Behavioral Health Department of San Joaquin County. The FSP will be available to every age group. The program will utilize an integrated multi-disciplinary service team that is composed of a Psychiatrist, Nurse, Mental Health Specialists/Psychiatric Technician and a Senior Office Assistant. The CBO's will link into the community, allowing greater penetration to the unserved. The staff will be diverse.

This FSP will collaborate with faith-based support groups. There was an effort make to reach out to Native Americans, Middle-Eastern Muslims, and GLBT individuals. There was an emphasis on collaborating with groups outside the usual groups. There was evidence of good use of recovery coaches. Their FSP will rely on a recovery model. Finally, the county is to be commended on it efforts at collaboration and partnerships to develop housing resources.

La Familia FSP

The La Familia FSP is a culturally and linguistically competent program that provides services to transition age youth, adults and older adults. It is designed to be a targeted service to address the needs of the Latino community for individuals that have mental illness and co-occurring disorders of substance abuse. The program will be recovery focused with an emphasis on wellness. Traditional Latino values will be integrated into the treatment milieu.

Several interesting and commendable aspects of this FSP are the Speaker's Bureau, which provide a positive voice fro consumers, the strong emphasis on collaboration—especially with the medical centers and primary care clinics—to provide mental health services. The plan reflects a real understanding of cultural/ethnic sensitivity, especially in the American Indian populations. There was also a good discussion of program goals and a good use of WRAP plans.

SE Asian Recovery Services

The Southeast Asian Recovery Services (SEARS) program will be an addition to the existing Transcultural Clinic, which currently provides therapy, rehabilitation, case management and medication services to Southeast Asian consumers. The plan proposes a FSP for 60 TAY, Adult and Older Adults in addition to the development of an extensive recovery continuum to serve all the individuals seen at the clinic and at contract sites in the community. The FSP will rely on an excellent communication strategy with collaborative partners. The program relies on a wellness curriculum. There is a

demonstrated sensitivity to ethnic and cultural considerations. There is also an excellent use of consumer staff.

The high point of this program is the co-location as a means for building collaboration. The plan shows sensitivity for both ethnic groups but also the GLTB population.

Forensic Full Service Partnership Court Program

Although this program is evidence of a fail first program, the committee got over that because of the strength of the program. There was overwhelming evidence this was a program based on a recovery model. Additionally, the program shows good collaboration with housing agencies, which is important in meeting its housing goals. The committee also liked the use of "life coaching" by peer-to-peer mentors and supportive advisors. Finally, the committee thought this program displayed sensitivity to GLBT issues and cultural/ethnic issues.

Gaining Older Adult Life Skills Full Service Partnership –GOALS

GOALS program is specifically designed with a full service partnership criteria as its foundation. A "one-stop shop" is proposed that would incorporate several options for older adults who suffer from mental illness. The program would lease a large building in downtown Stockton where the hub of services is currently provided for individuals who may have a lower socioeconomic status. Several agencies, DBP's and contracted service providers will be housed in this building. Essential to this partnership are the CBO's that will become integral in transforming traditional mental health delivery services. The "one-stop shop" was a recurring theme in the Older Adult consensus groups.

Wellness Center

The County responded to the expressed wishes of consumers and gave substantial funding to a consumer designed and consumer run Wellness Center. The Center will offer a number of programs, which will help consumers develop skills to live independently. The Center will hire10 consumers. This program shows an excellent sensitivity to consumer employee issues. One of the goals of this program is to build independence by supporting the Wellness Center in becoming an independent CBO.

MHSA Consortium

The committee was pleased to see a formalization of the MHSA consortium which will be comprised of CBO's, consumer and family members, social service organizations, community members, primary care providers, and tribal and faith-based organizations. There was a good description of the role the consortium will play in education, training and building on strengths and resiliency. The committee also commends the county for its excellent and touching emphasis on supporting the values of recovery and wellness.

Housing and Employment

The County did a thorough and thoughtful discussion of the need for housing and how that need will be met. The reliance on collaborating with lots of partners and building relationships with housing resource agencies was commendable. There was also a great discussion of involving Community Colleges and Universities in the area to utilize the mental health continuum as field placement experience.

CBIS

The county will create a community intervention service to provide quality behavioral interventions to at-risk, unserved, and underserved mentally ill persons in San Joaquin County. The wraparound service will reduce or prevent first time hospitalization, relapses, and psychiatric readmissions. Emphasis will be on recovery and fostering resiliency through the services of a specialized behavioral interventionist for the transitional age youth, adult and older adult. There will be referrals for services, crisis assessments, and services provided at the lowest level of care and in the community to reduce trauma and stigma.

This plan shows strong evidence of responding to consumer requests for programs. It contains a good use of consumer behavior assistants.

Community Response Team

The community response team is the direct result of listening to the needs of the community. This mobile crisis response team will be available 24/7 to respond to situations. The committee hopes that this collaborative effort with mental health staff and law enforcement will reduce incarcerations and the inappropriate use of hospital emergency rooms. There is also hope that it will reduce the use of law enforcement agencies for intervention in a crisis. There will be a focus on recovery and resiliency. There is an emphasis on cultural sensitivity and expanded language capability. The county also hopes to increase outreach and support efforts and decrease consumers' isolation.

The plan had well defined goals, such as moving law enforcement out of first responder roles when possible, which will be easy to track. The outreach and education with law enforcement is positive. The commitment to bilingual staff is laudable.

Co-Occuring Residential Treatment

The only part of the plan that the committee had questions about was the residential treatment facility. There is no precedence for spending MHSA dollars on a facility like this, though there was general agreement that there is a tremendous need for such a facility. There were concerns raised that this plan might offer services that were not voluntary, due to the referring agencies.

The committee will bring this proposal up to the full commission to see if there is agreement on funding a facility of this nature with MHSA funds.

CONCLUSION

Question: The overarching question for the Oversight and Accountability Commission is: "How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act**?"** **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.